



UNITED STATES MARINE CORPS  
COMMANDING GENERAL  
BOX 788100  
MARINE CORPS AIR GROUND COMBAT CENTER  
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 1740.4  
16  
6 Dec 95

COMBAT CENTER ORDER 1740.4

From: Commanding General  
To: Distribution List

Subj: EMERGENCY CHILD CARE

Ref: (a) JAGMAN par 0902

Encl: (1) Special Power of Attorney for Emergency Child and/or Medical Care

1. Purpose. To promulgate policy regarding the use of a Special Power of Attorney for authorization to consent to child and/or medical care. Combat Center personnel may utilize enclosure (1) to grant a Power of Attorney for child care. Enclosure (1) may also be used to obtain care for the children of a parent, or legal guardian, who is unable to give verbal authorization to consent to child care.

2. Background. The need for this special power of attorney arose because of the deployable status of many of the units located aboard the Combat Center. The enclosure is applicable however, to any potential hospital customer who is a single parent, who has minor children and may expect to be alone for any significant period of time.

3. Action

a. Enclosure (1) may be completed and turned into Naval Hospital Outpatient Records by anyone living in the community who has a child care need, and who has established an outpatient medical record at Naval Hospital Twentynine Palms. The Special Power of Attorney must be witnessed to make the contract binding between the parties. The witness must be a Commissioned Officer, in the grade of O-4 (Major/LCDR) or above, or with Notary Authority under chapter 9 of the reference. Key Volunteers/Ombudsman have been briefed on the use of this form and will publicize this program within their respective units/organizations.

b. In the event of an emergency hospitalization of the parent, or legal guardian, the Naval Hospital Officer of the Day (OOD) or Mate of the Day (MOD) will contact the designated individual(s) on enclosure (1) to provide child care. If the designated individuals are not able to be contacted, and the grantor has agreed to accept responsibility for payment, the OOD/MOD may contact a MCAGCC certified Family Child Care Provider. Child Development Programs will forward an updated list monthly to the Head, Healthcare Relations Officer. The list will be maintained in the OOD's Pass Down Log at the Naval Hospital Quarterdeck. The Provost Marshal Office (PMO) has agreed to provide transportation if required. If the grantor will not accept responsibility for payment, the Naval Hospital OOD/MOD may contact San Bernardino Child Protective Services (CPS)

4. Applicability. This Order is applicable to all personnel assigned for duty aboard the Combat Center.

J. D. MAJCHRZAK  
Chief of Staff

DISTRIBUTION: A-1

SPECIAL POWER OF ATTORNEY  
AUTHORIZATION TO CONSENT TO CHILD AND/OR MEDICAL CARE

That I, \_\_\_\_\_, \_\_\_\_\_  
Full Name Status (such as DW/USMC/AD)  
\_\_\_\_\_  
Sponsor's Name SSN Rank/Unit  
am stationed at the Marine Corps Air Ground Combat Center, Twentynine Palms, California,  
and by these presents to make, constitute and appoint:

1. Primary: (Local)

\_\_\_\_\_  
Full Name Phone Number  
\_\_\_\_\_  
Address

2. Secondary: (Less than 3hrs. away)

\_\_\_\_\_  
Full Name Phone Number  
\_\_\_\_\_  
Address

as my true and lawful attorney to act as follows, GIVING AND GRANTING unto my said attorney full power to act as parent and guardian with respect to all matters including but not limited to discipline and schooling, and to procure and authorize any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician in any military, naval, or civilian hospital, dispensary, doctor's office, medical facility, or at any other place, if such treatment or surgery is recommend to be the best interest of the health and welfare of my children who are named on the back of this document.

I have spoken and made arrangement with the above listed individuals who have agreed to take care of my child(ren) in the event I am incapacitated. In the event the individuals listed above cannot be contacted I accept/ do not accept responsibility for payment of a MCAGCC certified Family Child Care Provider. **I understand that is I do not accept responsibility for payment, Child Protection Service (CPS) may be utilized.**

Further, unless sooner revoked terminated by me, this SPECIAL POWER OF ATTORNEY shall become null and void on the \_\_\_\_\_ day of \_\_\_\_\_ 199\_\_\_\_\_, or one year from the date witnessed below.

\_\_\_\_\_  
Signature of grantor

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO  
MCAGCC, TWENTYNINE PALMS

On \_\_\_\_\_, before me, I witnessed the person whose name subscribed above, and acknowledge Day Month Year that he/she executed a free and voluntary act for the purposes herein expressed. The undersigned does further certify that I am a commissioned officer, holding the rank of 0-4 and above, or with Notary Authority granted under chapter 9 of the JAGMAN (such as Unit Administrative Officers) and am in the active service of the Armed Forces of the United States.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature and rank of witness  
By authority of Title 10 USC 936  
or of Article 136, UCMJ

ENCLOSURE (1)

CHILD(REN) INFORMATION

1. CHILD'S NAME: \_\_\_\_\_, DOB: \_\_\_\_\_  
Day Month Year

If Applicable:

SCHOOL: \_\_\_\_\_, TEACHER: \_\_\_\_\_  
BUS SCHEDULE: \_\_\_\_\_, BUS #: \_\_\_\_\_  
BUS STOP LOCATION: \_\_\_\_\_  
MEDICAL CONDITION: \_\_\_\_\_

2. CHILD'S NAME: \_\_\_\_\_, DOB: \_\_\_\_\_  
Day Month Year

If Applicable:

SCHOOL: \_\_\_\_\_, TEACHER: \_\_\_\_\_  
BUS SCHEDULE: \_\_\_\_\_, BUS #: \_\_\_\_\_  
BUS STOP LOCATION: \_\_\_\_\_  
MEDICAL CONDITION: \_\_\_\_\_

3. CHILD'S NAME: \_\_\_\_\_, DOB: \_\_\_\_\_  
Day Month Year

If Applicable:

SCHOOL: \_\_\_\_\_, TEACHER: \_\_\_\_\_  
BUS SCHEDULE: \_\_\_\_\_, BUS #: \_\_\_\_\_  
BUS STOP LOCATION: \_\_\_\_\_  
MEDICAL CONDITION: \_\_\_\_\_

Note:

This form may be used to grant a Power of Attorney for child care. This form must be notarized by a Commissioned Officer in the grade of O-4 and above, or with Notary Authority granted under chapter 9 of the JAGMAN (such as Unit Administrative Officers).

This form may also be used to obtain care for the children of a parent, or legal guardian, who is unable to give verbal authorization to consent to child care. The original will be placed in the medical record of the parent, or legal guardian. The medical record will be kept in the Outpatient Medical Records Department of Naval Hospital Twentynine Palms.

In the event of an emergency hospitalization of the parent, or legal guardian, the OOD/MOD will contact the designated individual(s) on the reverse to provide child care. If the designated individuals are not able to be contacted, and the grantor has agreed to accept responsibility for payment, the OOD/MOD may contact a MCAGCC certified Child Care Provider. A list is maintained in the Pass Down Log at the Naval Hospital Quarterdeck. The Provost Marshall Office has agreed to provide transportation if required. If the grantor will not accept responsibility for payment, the OOD/MOD may contact San Bernadino County Child Care Protective Services.

This is a MILITARY POWER OF ATTORNEY prepared and executed pursuant to Title 10, United States Code, section 1044b, by a person authorized to receive legal assistance from military service. Federal law exempts a MILITARY POWER OF ATTORNEY form any requirement of form, substance, formality, or recording that is prescribed for powers of attorneys by the laws of any state, commonwealth, territory, district, or possession of the United States. Federal law specifies that a MILITARY POWER OF ATTORNEY shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of jurisdiction where it is presented.

ENCLOSURE (1)